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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10026736

				', -'				10	00			
CLAIMS AS			S FILED - (Column		-	(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			39				ſ	RATE	FEE] [RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			39 minus 20=		* 19			X\$ 9=		OR	X\$18=	342
INDEPENDENT CLAIMS			\Im minus 3 = $$				X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=	
* If the difference in column 1 is le			ess than zero, enter "0" in column 2			1	TOTAL		OR	TOTAL	1082	
CLAIMS AS AM			MENDED - PART II					ENTITY	•	OTHER SMALL I	THAN	
_		(Column 1)		(Colu		(Column 3)		SMALL	ENIIIY	OR	SWALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	<u>. ٢٩</u>	WE.	***	- 01 4114	=		X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	CLAIM			+140=		OR	+280=	
							•	TOTAL		OR	TOTAL	
							,	ADDIT. FEE		10	ADDIT. FEE	L
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT B	ا میں استان اور استان	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	* \(\)	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* U 9/1)	Minus	***	T CL AIM	=		X42=		OR	X84=	
<u> </u>	FIRST FRESE	NIATION OF MI	JEHIPLE DEF	LINDLIN	CLAIVI		י ו	+140=		OR	+280=	
							L	TOTAL		OR	TOTAL	
							,	ADDIT. FEE			ADDIT. FEE	
		(Column 1) CLAIMS	38		mn 2) HEST	(Column 3)	1 _				·	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T 01 111	=		X42=	· •	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	.,		+280=	
*	f the entry in colu	mn 1 is less than t	he entry in colu	ımn 2, writ	e "0" in co	lumn 3.	L	TOTAL		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										OR	ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												



DATE: 12-28-01			7.26 PT
TO: utility	- _		55/U.8
FROM: Office of Initial Patent Examination	n	•	309
SUBJECT: Fee Due			
APPLICATION NUMBER: 100267	36		
A fee is due for the attached document submitted. Office for the following reason. Please check to authorization to charge a deposit account. If an authorization is the fee deficiency.	he application authorization	for the appropriate is present, please	e
☐ Insufficient fee by check			
Insufficient funds in deposit account			
☐ Declined credit card		·	
☐ Non authorization for charge to deposit acco	ount		
□ No fee submitted per requirement r			
•	٠,		
The correct fee code:	amount	\$	
The suspended fee code: 197	amount	- \$	
Fee Due	amount	=\$	
f you have any questions, please contact Cynth Eleanor Kurtz at 703-308-3642.	ia Streater at 7	′03-306-5430 [,] or	
Terminal Operator	·		•